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ABSTRACT

The paper presents a protocol developed by the Child-Centered Inservice Training Project (Syracuse, New York) to provide inservice training and technical assistance for personnel working with children with severe disabilities in regular schools. The following topics are covered in outline format: (1) selection of target students; (2) the technical assistance agreement; (3) training activities; (4) baseline data on target behavior; (5) functional analysis; (6) joint development of a written intervention plan; (7) activities of the intervention phase; and (8) evaluation activities and responsibilities. The major portion of the document consists of the forms used in the project including: inservice training agreement, a parent information letter, student participation permission, consultant visit and teacher interview, student schedule, scatter plot sheet, daily log, incident record, intervention plan, consultant meeting form, skill acquisition and excess behavior form, target student profile, target student evaluation report, and program quality indicators. Includes three references. (DB)

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Child-Centered Inservice Training and Technical Assistance Network

A Protocol for Child-Centered Educational Consultation

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EC 232157

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Steps in Consultation Process

I. Selection of Target Students

A. Referrals made to project director and associate director by teachers, psychologists, school and district administrators, and/or parents.

B. Fifteen participant students with severe disabilities selected annually based on the following priorities:

1. Students with severe disabilities who also display serious challenging behaviors;

2. Students being returned to an integrated setting from a segregated setting;

3. Students at risk of being moved from an integrated to a segregated setting; and/or

4. Students who--because of their challenging needs--are not participating in some of the integrated school and community learning opportunities available to their classmates.

II. Technical Assistance Agreement

A. Project director and associate director meet with the consultant, the teacher and other relevant school professional staff, and the program administrator to provide overview of project services, and clarify expectations and responsibilities for all participants (20 minute meeting).

B. At this meeting, a technical assistance agreement (See Attachment 1) stating the objectives, training activities to be provided by the project, scheduled timelines for meetings and training activities, and evaluation activities and responsibilities is signed by the project director, consultant, and primary teacher. The primary teacher is provided with an explanatory letter and a form requesting permission for student participation to send to parents. (See Attachments 2 and 3).

III. Training Activities

A. Consultant conducts an initial interview with consultees within 1 week of meeting in II.A, above (1-hour meeting). Pertinent information recorded on Consultant Visit and Teacher Interview form (see Attachment 4).

Also at this meeting:

1. Determine intervention priorities: the Consultant Visit and Teacher Interview Form (Attachment 4) includes space for the consultant to record staff priorities for intervention.

2. Gather information about the student's current program and staff training needs. Consultants use the Teacher Interview Form and also:

   a. Leave a blank copy of the Student Schedule Form (Attachment 5) with the teacher to be completed by the consultant's second site visit:

   b. Request a copy of the student's IEP:

   c. Complete the Program Quality Indicators (PQI. Attachment 14) within a month of the initial consultation meeting.

3. Discuss baseline data collection procedures.

B. Baseline data on target behavior collected by staff using time sampling of target behaviors (See Attachment 6). narrative "daily logs" (See Attachment 7), and incident records (See Attachment 8) of use of existing crisis management procedures (5 days).

C. Functional analysis conducted by consultant and consultees (completed in 1-2 weeks):

1. Consultant observes the student in the classroom and in the community for an entire school day or two half-days within a week of the initial consultation meeting.

2. Use data from time sampling. daily logs. and incident records.

3. Conduct "function tests" in natural contexts.

D. Consultant and consultees develop written intervention plan (See Attachment 9) with ecological. curricular. and consequential strategies and a crisis management plan if necessary. Programs to teach alternative skills also written and attached to intervention plan. (Drafts and revisions completed by third meeting or within 6 weeks of initial consultation meeting).

E. During the intervention phase, the following activities occur:

1. Bi-weekly on-site visits by the consultant during the school day (2-3 hours each: phased to monthly when appropriate). These visits can be used for a variety of purposes, for example:

   a. To conduct assessments directly with the student during the early stages of the intervention to gather more information about types of tasks, pacing of tasks, types of assistance, positions, and so forth, that are successful for the student.

   b. To collect data on target behaviors or skills.

   c. To discuss intervention needs and/or strategies with classroom staff.

   d. To model instructional techniques or "coach" a staff person as he or she works with the student.

   e. To observe and/or consult with related services personnel, who are often not able to attend after school consultation meetings.

2. Bi-weekly on-site consultation and inservice training meetings held after school and attended by the teacher and other professional staff (assistants, related services personnel, administrators, other teachers) as appropriate. Parents and guardians may also be involved in some of these meetings whenever relevant (1 hour each; phased to monthly when appropriate).

   Meetings are most helpful when there is a specific agenda. The consultant takes a written agenda to the meeting, and keeps a written record of the items completed at each meeting (See Attachment 10). Some of the activities appropriate for consultation meetings include:

   a. Designing instructional programs.

   b. Planning IEP modifications. If the teacher does not have a system for monitoring IEP goals and objectives, provide assistance in developing one.

   c. Training staff in instructional strategies, data collection, conducting environmental inventories and discrepency analyses.

   d. Observing and discussing videotapes.

3. Weekly probe data collection on target behaviors and alternative skills conducted by consultees with as-needed assistance of consultant (45 minutes weekly). Data may be collected using Skill Acquisition and Excess Behavior form (see Attachment 11), if appropriate.

4. Three videotapes of target student and staff engaged in relevant instructional activities (2-3, 20-30 minute tapes each at baseline, mid-year, and at end of school year.

   a. Selecting times for videotaping: At baseline, select activities or times of day where intervention is needed. The teacher suggests times of day that are difficult for the student, or activities that seem to be related to a high incidence of problem behavior. At mid- and post-intervention, select new activities the student is participating in as a result of the intervention--integrated activities, skill acquisition programs, and so forth. These tapes are a way to document the intervention procedures and the student's progress.

   b. Use of videotapes:

      (1) Problem-solving related to the conditions associated with behavior problems, and the functions of behavior problems.

      (2) Assessing the educational validity of a skill program.

      (3) Training staff in data collection, instructional techniques, and so forth.

      (4) Tapes can be edited to create a "case study" tape that depicts the target student's intervention needs and then shows various intervention strategies that were successful with the student.

      (5) If the staff and consultant wish to use videotapes for data collection, comparability among videotaping sessions will need to be considered.

IV. Evaluation Activities and Responsibilities

A. Consultees are responsible for:

1. Weekly probe data collection on problem behaviors and alternative skills (approximately 45 minutes weekly):

2. Completion of Student Schedule Form at pre-, mid-, and post-intervention:

3. Weekly documentation of program activities completed (e.g., how often a skill program was completed).

B. Consultants are responsible for:

1. Completing the Target Student Profile (See Attachment 12) immediately following the initial interview with the consultees.

2. Providing a written evaluation to the project, including:

a. Pre-, mid-, and post-intervention Student Schedule Forms and summary of the data on the degree of successfulness of the student's daily activities and the amount of time spent in integrated activities.

b. Student change data on at least two behaviors and two alternative skills:

c. A case study report, including a description of the intervention needs, intervention plan, its implementation, evaluation data, discussion of any problems, and relevant recommendations for the following school year (See Attachment 13).

d. The updated PQI.

References on the Intervention Approach Employed by Project Consultants

Evans, I.M., & Meyer, L.H. (1985). An educative approach to behavior problems: A practical decision model for interventions with severely handicapped learners. Baltimore: Paul H. Brookes.

Janney, R.E., & Meyer, L.H. (1988). An inservice training module for teachers of students with developmental disabilities and behavior problems. Syracuse: Syracuse University Division of Special Education and Rehabilitation.

Meyer, L.H., & Evans, I.M. (1989). Nonaversive intervention for behavior problems: A manual for home and community. Baltimore: Paul H. Brookes.

ATTACHMENTS

1. INSERVICE TRAINING AGREEMENT
2. PARENT INFORMATION LETTER
3. STUDENT PARTICIPATION PERMISSION FORM
4. CONSULTANT VISIT AND TEACHER INTERVIEW
5. STUDENT SCHEDULE
6. SCATTER PLOT SHEET
7. DAILY LOG
8. INCIDENT RECORD
9. INTERVENTION PLAN
10. CONSULTANT MEETING FORM
11. SKILL ACQUISITION AND EXCESS BEHAVIOR FORM
12. TARGET STUDENT PROFILE
13. TARGET STUDENT EVALUATION REPORT
14. POI INFORMATION

ATTACHMENT I

INSERVICE TRAINING AGREEMENT

Agreement Code # _____ Year _____

District _____ School _____

Staff Name _____

Role _____

Target Student(s) _____

Site Supervisor _____

Inservice Training Contact _____

Consultant _____

Address/Phone _____

_____

Objective #	Training Activities	Time Lines	Evaluation Activities and Responsibilities
1. Design and implement curricular goals /objectives and instructional activities to remediate behavior through acquistion of alternative skills in relevant school and community settings.	1.1 On-site inservice training and consultation during school day (activities might include observations, problem-solving, coaching staff members, modeling instructional techniques). 1.2 After school consultation meetings/inservice sessions to make recommendations for remediating target student needs and to train staff in generalized strategies for future use (activities will include developing intervention plans and instructional programs, observing and discussing videotapes, training staff in instructional strategies and data collection techniques).	1.1 bi-weekly, beginning _____; approximately 2 hrs each. 1.2 bi-weekly, beginning _____; approximately 1 hr each.	a. Baseline data collection _____ (__ days) by teaching staff. Data summary by consultant and teaching staff. b. Weekly probe data collection on problem behaviors and alternative skills by teaching staff, approx. 45 min. a week, beginning _____. c. Weekly documentation by teaching staff of instructional programs completed. d. Student remains in integrated school placement (project records). e. Student increases time spent in successful, integrated school/community learning activities. (Diary of student activities at baseline [ ], mid-intervention [ ], post intervention [ ].

Staff Signature _____

Date _____

Review by Project Director/Date _____

Consultant Signature _____

Date _____

ATTACHMENT 2

SYRACUSE UNIVERSITY

CHILD-CENTERED INSERVICE PROJECT | Division of Special Education and Rehabilitation

805 S. CROUSE AVE. | SYRACUSE, NEW YORK 13244-2280
315 / [illegible] 443-9683

Dear Parent or Guardian:

The Child-Centered Inservice Training and Technical Assistance Network is a project funded by the U.S. Department of Education to assist school districts throughout New York State in providing appropriate educational programs in neighborhood public schools for students with disabilities. The project focuses on students with the most severe disabilities, including those who are diagnosed as autistic, multiply handicapped, deaf-blind, mentally retarded, or emotionally disturbed.

We are especially interested in working with students who have either just moved back to their integrated neighborhood public school from a handicapped-only school, or who--because of their challenging behaviors or severe learning needs--are not participating in some of the community training experiences or school activities available to other students.

Our project will work with school staff--as well as with families if they wish--on a weekly basis throughout the school year. Our services will include help in planning and carrying out instructional programs to address difficulties that the student has which have, in the past, interfered with his or her performance in school and/or in the community.

We would like your child, , to participate in this project. With your consent, a project consultant with specialized skills in providing the services your child needs would make school visits on a regular basis throughout the school year. Both for planning and to evaluate our own and the school's progress, we would need access to your child's school records. We would also be collecting information on his or her performance and behavior. In some cases, we would like to make videotapes or take photographs.

The confidentiality of your child's records, identity, and your family's identity will be protected at all times, and we shall maintain the highest ethical standards in conducting all project activities. Please give us a call if you have any questions. Call either of us--Rachel Janney at 315-443-9683, or Luanna Meyer at 315-443-9651.

If you agree to participate, you will be giving permission for:

1: your child to participate in the project for the current school year.

2. us to review your child's school records and to collect information on his or her performance and behavior (this would include videotaping which would be used for data collection and in training activities related to your child).

3. us to photograph your child in successful activities. (You may refuse this item and still participate in the project.)

4. us to videotape your child in successful activities, and to share the tapes with other professionals and families in various training activities. (You may refuse this item and still participate in the project.)

Thank you for your consideration, and we hope to hear from you soon!

Sincerely,

Rachel Janney, Ph.D.
Associate Project Director

Luanna Meyer, Ph.D.
Project Director

RJ/LM/cj

ATTACHMENT 3

SYRACUSE UNIVERSITY
DIVISION OF SPECIAL EDUCATION AND REHABILITATION

CHILD-CENTERED INSERVICE TRAINING AND
TECHNICAL ASSISTANCE NETWORK

PARENT/GUARDIAN AGREEMENT

I hereby give my consent for _____ to participate in the Child-Centered Inservice Training and Technical Assistance Network. I understand that qualified project personnel will have access to my child's school records, and will be collecting information on my child's performance in school and/or community settings. I also understand that information may be collected by using videotapes of my child.

_____
Signature of Parent or Guardian

_____
Date

I also give permission for appropriate videotapes and/or photographs of my child to be taken, and understand that these may be used in training activities for professional educators and families.

_____
Signature of Parent or Guardian

_____
Date

PLEASE PRINT:

_____
Name

_____
Street Address

_____
City State Zip

_____
Phone

NOTE: PLEASE RETURN TO _____

ATTACHMENT 4

CONSULTANT VISIT AND TEACHER INTERVIEW

Student Name _____ Teacher _____

School _____ Date of Visit _____

Who else interviewed: _____

1. **Classroom Characteristics**

   # Students: # Staff:

   Age range of students:

   Diagnosis target student:

   " other students:

   Related Services Provided:

2. **General Comments About Classroom**

   (Describe seating arrangements, etc.)

3. **Brief Description of Students' Program**

   Priority Goal Areas (list in order noted)

   1.

   2.

   3.

   4.

4. **Typical Schedule:**

4.a.	Special Grouping Arrangements?	
5.	Participation in Regular Ed/Interactions with Non-handicapped Peers (describe):	
6.	Student likes (activities, materials, S^R):	Student dislikes:
	1. 2. 3. 4.	1. 2. 3. 4.
7.	Description of Problem Behaviors:	When Likely to Occur (circumstances)

8. Teacher Priorities for Intervention:

1.
2.
3.
4.
5.

9. Strategies Currently Being Used, Including Crisis Management Procedures:

10. Possible Videotape Times/Activities:

11. Additional Comments:

ATTACHMENT 5

STUDENT SCHEDULE

STUDENT: _____

SCHOOL: _____

DATE: _____

STAFF: _____ name/role _____ name/role _____ name/role

_____ name/role _____ name/role _____ name/role

Time	Monday	Tuesday	Wednesday	Thursday	Friday	1:1 independent small group large group	Staff	+=Usually Successful --Usually Unsuccessful v=Varies	✓ If Integrated

ATTACHMENT 6

SCATTER PLOT DATA COLLECTION SHEET

Use for: _____ Time sampling (Check box if behavior occurred within that interval)

_____ Frequency count (Tally each time behavior occurs within interval)

Student: _____ Dates: _____

School: _____

Behavior: _____

_____

	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
____					
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ATTACHMENT 7

DAILY LOG

Student Name_____ Day of Week/Date_____

Log Entry By_____

1. Overall, what kind of day did the student have? (circle one number only)

1	2	3	4	5
Very Good Day	Okay	Not Sure	Not Okay	Very Bad Day

2. How well did the student do on tasks while in school today? (circle one number only)

1	2	3	4	5
Very Good Day	Okay	Not Sure	Not Okay	Very Bad Day

3. How well did the student do on tasks in the community today? (circle one number only) (If student was not in the community today, comment on art,music, &/or P.E.)

1	2	3	4	5
Very Good Day	Okay	Not Sure	Not Okay	Very Bad Day

- Comment briefly on the day's events and the student's behavior:

- Note any incidents that occurred which seem important to you.

- Activities the student enjoyed/did not enjoy:

- Tasks on which he worked well:

ATTACHMENT 8

INCIDENT RECORD COMPLETED BY_____

STUDENT_____ ACTIVITY TAKING PLACE_____

WHERE_____ DATE/DAY OF WEEK_____ TIME_____

STAFF PRESENT WHEN INCIDENT OCCURRED_____

STUDENTS PRESENT WHEN INCIDENT OCCURRED_____

1. Describe what happened just before behavior occurred:

2. Describe what the student did and what happened through the incident:

3. Describe what happened to the student immediately after the incident: (include any "consequences")

4. Why do you think the incident occurred?

5. How do you think the behavior could have been prevented or handled differently?

ATTACHMENT 9

Student: Teacher: p. ___ of ____ pages
School: Consultant: Date:

INTERVENTION NEEDS	INTERVENTION PLAN: LONG-TERM ECOLOGICAL CURRICULAR	INTERVENTION PLAN: CONSEQUENTIAL/ CRISIS MANAGEMENT

ATTACHMENT 10

Child-Centered Inservice Training and Technical Assistance Network
Consult Meeting

Date _____

Student _____

Consultant _____

Attending: _____
_____
_____
_____

Agenda Items	Decision	Person Responsible	By When	Date Completed
1.				
2.				
3.				
4.				
5.				
6.				
7.				

ATTACHMENT 11

SKILL ACQUISITION AND EXCESS BEHAVIOR RECORD
(2-Week Sample)

Student _____

Skill cluster _____

_____

Excess (A) _____ (C) _____

(B) _____ (D) _____

Level of Assistance Key

I = Independent
V = Verbal prompt
G = Gestural
PP = Partial physical
FP = Full physical
X = Partial Participation

STEPS IN ACTIVITY SEQUENCE

Date and teacher's initials

					% Correct
14. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
13. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
12. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
11. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
10. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
9. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
8. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
7. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
6. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
5. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
4. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
3. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
2. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	
1. _____	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	I PP V FP G X	

Check of planned instructional opportunities (/ = completed)

Week of: _____

	M	T	W	T	F	% Completed
A.M.						
P.M.						

Check of planned instructional opportunities (/ = completed)

Week of: _____

	M	T	W	T	F	% Completed
A.M.						
P.M.						

Average % of sessions completed: _____ %

EXCESS BEHAVIOR TALLY

Note: Place an X in box to indicate that no data collection occurred.

						% Day
A						
B						
C						
D						

ATTACHMENT 12

Child-Centered Inservice Training Project

Target Student Profile

Date: Project Year:

Student Name: Age:

Handicapping condition:

District:

School:

Consultant:

First contact on site:

Classroom characteristics: Option:

Students:

Staff:

Integration:

Referral Difficulties:

Staff priorities for intervention:

ATTACHMENT 13

CHILD-CENTERED INSERVICE TRAINING
AND TECHNICAL ASSISTANCE NETWORK
Target Student Evaluation Report

Student: School Year:
District: Consultant:
School: Date of Report:

Student Summary

1. Age at referral
2. Handicapping condition
3. Who made referral
4. Reason for referral
5. Date training agreement signed
6. Name of primary teacher

Intervention Needs

1. Staff priorities for intervention
2. Interventions being used
3. Baseline data on target behaviors

Functional Analysis

1. Description of antecedent conditions
2. Description of any function tests or assessments used
3. Hypotheses regarding function(s)

Intervention Plan

1. Brief description of ecological, curricular, and any consequential strategies planned; refer to complete plan, which should be attached to the report
2. Mention skill acquisition programs planned
3. Brief description of any crisis management plans

Consultation and Training Activities

1. Dates of intervention phase
2. Frequency of on-site training activities
3. Which staff participated in training activities

Implementation of Intervention Plan

1. Components of intervention plan implemented, not implemented
2. Discussion of any problems with implementation

Outcomes and Evaluation

1. Data on behaviors and skills
2. Relevant recommendations for following school year

Attachment 14

Program Quality Indicators

A checklist of Most Promising Practices in Educational Programs for Students With Severe Disabilities

by

Luanna H. Meyer
Division of Special Education and Rehabilitation
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This document is available from The Association for Persons With Severe Handicaps (TASH), 7010 Roosevelt Way, N.E., Seattle, WA 98115.